

Exhibit F



W.R. Grace Asbestos Personal Injury Questionnaire

REDACTED

Re:
Kelley & Ferraro LLP
1300 East Ninth Street
1901 Penton Media Building
Cleveland, Ohio 44114

REC'D JUL 12 2006



000378117837

**W. R. Grace
Asbestos Personal Injury
Questionnaire**





WR GRACE PIQ 021524-0003

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:
W. R. GRACE & CO., et al.,
Debtors.
)

) Chapter 11
)

) Case No. 01-01139 (JKF)
)

) Jointly Administered
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDALE AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



INSTRUCTIONS

A. GENERAL

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

**D. PART III – Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you worked with asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |



E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII – Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

**PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL**

WR GRACE PIQ 021524-0008

a. GENERAL INFORMATION**REDACTED**

1. Name of Claimant: _____
 First _____ MI _____ Last _____
2. Gender: Male Female
3. Race (for purposes of evaluating Pulmonary Function Test results): White/Caucasian
 African American
 Other
4. Last Four Digits of Social Security Number: _____
5. Birth Date: _____
6. Mailing Address:
 Address _____ City _____ State/Province _____ Zip/Postal Code _____
7. Daytime Telephone Number: (_____) _____ - _____

b. LAWYER'S NAME AND FIRM

1. Name of Lawyer: Thomas M. Wilson, Esq
2. Name of Law Firm With Which Lawyer is Affiliated: Kelley & Ferraro LLP
3. Mailing Address of Firm: 1300 E. 9th Street, Suite 1901 Cleveland, OH 44114
 Address _____ City _____ State/Province _____ Zip/Postal Code _____
4. Law Firm's Telephone Number or Lawyer's Direct Line: (216) 575 - 0777
- Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

c. CAUSE OF DEATH (IF APPLICABLE)

1. Is the injured person living or deceased? Living Deceased
 If deceased, date of death: ____ / ____ / ____
2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:
 Primary Cause of Death (as stated in the Death Certificate): If deceased, see attached death certificate
 Contributing Cause of Death (as stated in the Death Certificate): _____

PART II: ASBESTOS-RELATED CONDITIONS

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

- | | |
|---|---|
| <input type="checkbox"/> Asbestos-Related Lung Cancer | <input type="checkbox"/> Mesothelioma |
| <input checked="" type="checkbox"/> Asbestosis | <input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma) |
| <input type="checkbox"/> Other Asbestos Disease | <input type="checkbox"/> Clinically Severe Asbestosis |

a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- diagnosis from a pathologist certified by the American Board of Pathology
- diagnosis from a second pathologist certified by the American Board of Pathology
- diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition

other (please specify): Objection: See attached medical information

**PART II: ASBESTOS RELATED CONDITION(S) (Continued)**

- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- other (please specify): Objection: See attached medical information

c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- colon pharyngeal esophageal laryngeal stomach cancer
- other, please specify: _____

- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- other (please specify): Objection: See attached medical information

PART II: ASBESTOS RELATED CONDITION(S) (Continued)

WR GRACE PIG 021624-0010

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):
- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - asbestosis determined by pathology
 - a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
 - a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
 - a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 - other (please specify): Objection: See attached medical information
- e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - asbestosis determined by pathology
 - a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
 - a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 - other (please specify): Objection: See attached medical information



PART II: ASBESTOS RELATED CONDITION(S) (Continued)

WR GRACE PIQ 021524-0011

f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- diagnosis determined by pathology
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading other than those described above
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV₁/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a pulmonary function test other than that discussed above
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- a CT Scan or similar testing
- a diagnosis other than those above

X other (please specify): Objection: See attached medical information

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**PART II: ASBESTOS RELATED CONDITION(S) (Continued)****2. Information Regarding Diagnosis**

Date of Diagnosis: 3/17/1996

Diagnosing Doctor's Name: See attached medical informationDiagnosing Doctor's Specialty: See attached medical informationDiagnosing Doctor's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Diagnosing Doctor's Daytime Telephone Number: See attached medical information _____

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Objection: contains terms not defined nor understood Yes NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Objection: relevance Yes NoIf yes, please indicate who paid for the services performed: Objection: relevanceDid you retain counsel in order to receive any of the services performed by the
diagnosing doctor? Objection: relevance Yes NoWas the diagnosing doctor referred to you by counsel? Objection: relevance Yes NoAre you aware of any relationship between the diagnosing doctor and your
legal counsel? Objection: relevance Yes No

If yes, please explain: _____

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine
at the time of the diagnosis? See attached medical information Yes NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the
diagnosis? See attached medical information Yes NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to
diagnosis? See attached medical information Yes NoDid the diagnosing doctor perform a physical examination? See attached medical information Yes NoDo you currently use tobacco products? Objection: relevance Yes NoHave you ever used tobacco products? Yes NoIf answer to either question is yes, please indicate whether you have regularly used any of the following tobacco
products and the dates and frequency with which such products were used: Objection: relevance Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____ Cigars Cigars Per Day _____ Start Year _____ End Year _____ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____
Amount Per Day _____ Start Year _____ End Year _____Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? See attached medical
Information Yes No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

 Mobile laboratory Job site Union Hall Doctor office Hospital Other: Objection: relevanceAddress where chest x-ray taken: Objection: relevance
Address

City _____ State/Province _____ Zip/Postal Code _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**4. Information Regarding Chest X-Ray Reading See attached medical information**

Date of Reading: ____ / ____ / ____ ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number:(_____)_____

Reader's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed Objection: relevance Yes NoIf yes, please indicate who paid for the services performed: Objection: relevanceDid you retain counsel in order to receive any of the services performed
by the reader? Objection: relevance Yes NoWas the reader referred to you by counsel? Objection: relevance Yes NoAre you aware of any relationship between the reader and your legal counsel? Objection: relevance Yes No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

..... Yes NoIf the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through
which the reading was made: _____**5. Information Regarding Pulmonary Function Test: See attached medical information Date of Test: ____ / ____ / ____**List your height in feet and inches when test given: See attached medical information ft _____ inchesList your weight in pounds when test given: See attached medical information lbsTotal Lung Capacity (TLC): See attached medical information % of predictedForced Vital Capacity (FVC): See attached medical information % of predictedFEV1/FVC Ratio: See attached medical information % of predictedName of Doctor Performing Test (if applicable): See attached medical informationDoctor's Specialty: See attached medical informationName of Clinician Performing Test (if applicable): See attached medical informationTesting Doctor or Clinician's Mailing Address: See attached medical information
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: See attached medical information _____Name of Doctor Interpreting Test: See attached medical information _____Doctor's Specialty: See attached medical information _____Interpreting Doctor's Mailing Address: See attached medical information
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: See attached medical information _____

PART II: ASBESTOS RELATED CONDITION(S) (Continued)

B7c

With respect to your relationship to the doctor or clinician who performed the pulmonary function test, check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance Yes No

Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance Yes No

If yes, please indicate who paid for the services performed: Objection: relevance _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Objection: relevance Yes No

Was the testing doctor or clinician referred to you by counsel? Objection: relevance Yes No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Objection: relevance Yes No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? See attached medical information Yes No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Objection: relevance Yes No

Was the doctor paid for the services that he/she performed? Objection: relevance Yes No

If yes, please indicate who paid for the services performed: Objection: relevance _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance Yes No

Was the doctor referred to you by counsel? Objection: relevance Yes No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance Yes No

If yes, please explain _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? Yes No

See attached medical information

6. Information Regarding Pathology Reports:

Date of Pathology Report: See attached medical information / / /

Findings: See attached medical information

Name of Doctor Issuing Report: See attached medical information

Doctor's Specialty: See attached medical information

Doctor's Mailing Address: See attached medical information

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Doctor's Daytime Telephone Number: See attached medical information () _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Objection: relevance Yes No

Was the doctor paid for the services that he/she performed? Objection: relevance Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance Yes No

Was the doctor referred to you by counsel? Objection: relevance Yes No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance Yes No



WR GRACE PIQ 021624-0016

If yes, please explain:

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

See attached medical information Yes No

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



WR GRACE PIQ 021524-0016

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

See attached medical information Yes No

If yes, please complete the following:

Name of Treating Doctor: See attached medical information _____

Treating Doctor's Specialty: See attached medical information _____

Treating Doctor's Mailing Address: See attached medical information _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Treating Doctor's Daytime Telephone number: See attached medical information _____ - _____ - _____

Was the doctor paid for the services that he/she performed? See attached medical information Yes No

If yes, please indicate who paid for the services performed:.... See attached medical information _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance

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PART III: DIRECTED EXPOSURE TO GRACE ASBESTOS CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify: _____

Site of Exposure:

Site Name: See Exhibit A

Site Type: Residence Business

Site Owner: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Job 1 Description:	See Exhibit A	Product(s)	Classification of Product	Date of Exposure	Occupation Code	Industry Code	Nature of Exposure	Location:
Job 2 Description:								
Job 3 Description:								
Job 4 Description:								
Job 5 Description:								
Job 6 Description:								

WR GRACE PJO 021524-0017

**PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: Male Female

Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____

3. What is your Relationship to Other Injured Person: Spouse Child Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
-

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: ____ / ____ / ____ To: ____ / ____ / ____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
-

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____ / ____ / ____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:
-

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: ____ / ____ / ____ To: ____ / ____ / ____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:
-

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PARTY EXPOSURE TO NON-GRAICE ASBESTOS CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or out by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or out by others
- (f) If other, please specify _____

Objection: BurdenSome/Public Record

Party Against which Lawsuit or Claim was Filed: See attached Complaint cover sheet	

Site of Exposure 1	Job 1 Description:	Occupation Code	Industry Code	Nature of Exposure	DPO #	DPO #
Site Name: <u>Object:</u> Burdensome; Public Documents						
Address: _____						
City and State: _____						
Site Owner: _____						
Site of Exposure 2	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 4 Description:	Job 5 Description:	
Site Name: _____ Address: _____ City and State: _____ Site Owner: _____						
Site of Exposure 3	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 4 Description:	Job 5 Description:	
Site Name: _____ Address: _____ City and State: _____ Site Owner: _____						

WR GRACE PIQ 021524-0019

**PART VI: EMPLOYMENT HISTORY**

WR GRACE PIQ 021524-0020

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: See Exhibit A

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Occupation Code: _____ If Code 59, specify: .

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Occupation Code: _____ If Code 59, specify: .

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Occupation Code: _____ If Code 59, specify: .

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

**PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA**

WR GRACE PIO 021524-0021

a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? Yes No

If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: See Complaint cover sheet

Case Number: _____ File Date: ____ / ____ / ____

Court Name: Cuyahoga County Court of Common Pleas

3. Was Grace a defendant in the lawsuit? Objection: Burdensome/Public Document Yes No

4. Was the lawsuit dismissed against any defendant? Objection: See docket and pleadings in case which are public records.

Yes No

If yes, please provide the basis for dismissal of the lawsuit against each defendant:

Objection: burdensome. Please see docket and pleadings filed in the case which are public records

5. Has a judgment or verdict been entered? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 Yes No

If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 Yes No

If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

a. Settlement amount for each defendant: _____

b. Applicable defendants: _____

c. Disease or condition alleged: _____

d. Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? Objection: Public Document. See attached docket and pleading Yes No

If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? Yes No

If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

2. Date the claim was submitted: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

3. Person or entity against whom the claim was submitted:

Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

4. Description of claim: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

5. Was claim settled? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 Yes No

6. Please indicate settlement amount: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 _____ \$ _____

7. Was the claim dismissed or otherwise disallowed or not honored? Objection: relevance Yes No

If yes, provide the basis for dismissal of the claim: _____

**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**

WR GRACE PIQ 021624-0022

Name of Dependent or Related Person: Objection: relevance; See Complaint Cover Sheet.. Gender: Male Female

Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____

Financially Dependent: Yes NoRelationship to Injured Party: Spouse Child Other If other, please specify _____Mailing Address:
Address

City _____ State/Province _____ Zip/Postal Code _____

Daytime Telephone number: (_____) _____ - _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies: See attached medical information

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scan reports/interpretations |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure | <input type="checkbox"/> Death Certification |

Originals:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations |
| | <input type="checkbox"/> Death Certification |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

TO BE COMPLETED BY THE INJURED PERSON.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: Thomas M. Wilson, Esq. Date: 2/03/2006

Please Print Name: Thomas M. Wilson, Esq. as POA

TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: Thomas M. Wilson, Esq. Date: 2/03/2006

Please Print Name: Thomas M. Wilson, Esq.



WR GRACE PIQ 021524-0023

Exhibit "A"

Name: _____

REDACTED

S.S#:

418643

Case Summary

WR GRACE PIQ 021624-0024



Gerald E. Fuerst, Clerk of Courts
Court of Common Pleas - Cuyahoga County, Ohio



[SEARCH](#) [ADVANCED SEARCH](#) [CASE NUMBER](#) [Docket](#) [Print Case](#) [Email](#)

CASE SUMMARY

Case Number: **REDACTED**
Case Title:
Case Designation: ASBESTOS TORT-PRODUCT LIAB
Filing Date: 03/13/2001
Judge: RICHARD-ASBEST MCMONAGLE
Magistrate: N/A
Room: N/A
Next Action: N/A
File Location: RET.45 MAG./JUSTICE CENTER
Last Status: ACTIVE
Last Status Date: 03/01/2002
Last Disposition: NEWLY FILED
Last Disposition Date: 03/13/2001
Prayer Amount: \$25,000.00

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Information on the Internet is updated every 30 minutes.

Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.

For questions/comments please click here

RAY HARRON, M.D.
 DIPLOMATE AMERICAN BOARD OF RADIOLOGY
 DIPLOMATE AMERICAN BOARD OF NUCLEAR MEDICINE



P.O. BOX 400
 BRIDGEPORT, WV 26330

REDACTED

NAME _____

ADDRESS _____

CITY & STATE _____

UNIT NO.	PHYSICIAN	AGE	PHONE NUMBER	BIRTHDATE	DATE 7/1/99
RESPONSIBLE PARTY	S.S. #	INSURANCE CO.		POLICY NO.	
ADDRESS	STREET/ROUTE/BOX	TOWN/CITY-STATE	ZIP	CONTRACT OF	

PATIENT HISTORY

EXAMINATION

CHEST DATED 5/18/99: This is a quality three overexposed film. There are primary s, secondary s sized opacities involving four lower lung zones, profusion 1/0.

IMPRESSION:

1. Bilateral interstitial fibrosis consistent with asbestosis.

Ray A. Harron, M.D.
 Diplomate of the American
 Board of Radiology

RAH/kc

REDACTED

TYPE OF READING

 A B C

WR GRACE PIQ 021524-0026

WORKER'S Social Security Number

1A. DATE OF X-RAY

5-18-99

1B. FILM QUALITY

 1 2 3 4/R

If Not Grade 1

Give Reason:

overexposed

1C. IS FILM COM-

NEGATIVE?

YES

Proceed to NO Proceed to
Section 5 Section 2

2A. ANY PARENCHYMAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES

COMPLETE

2B and 2C

NO

PROCEED TO SECTION 3

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY	SECONDARY
P	X
Q	t
R	U

b. ZONES

<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

R L

c. PROFUSION

0/1	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/4

2C. LARGE OPACITIES

SIZE A B C

PROCEED TO SECTION 3

3A. ANY PLEURAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES

COMPLETE

3B and 3D

NO PROCEED TO SECTION 4

3B. PLEURAL THICKENING

a. CIRCUMSCRIBED (plaque)

b. DIFFUSE

a. DIAPHRAGM
(plaque)

SITE IN PROFILE

OR

OL

SITE IN PROFILE

OR

OL

b. COSTOPHRENIC ANGLE

FACE ON

0	A	B	C
0	1	2	3

0	A	B	C
0	1	2	3

0	A	B	C
0	1	2	3

0	A	B	C
0	1	2	3

3D. PLEURAL CALCIFICATION

SITE OR EXTENT

a. DIAPHRAGM.....	0	1	2	3
b. WALL.....	0	1	2	3
c. OTHER SITES.....	0	1	2	3

SITE OL EXTENT

a. DIAPHRAGM.....	0	1	2	3
b. WALL.....	0	1	2	3
c. OTHER SITES.....	0	1	2	3

PROCEED TO SECTION 4

4A. ANY OTHER ABNORMALITIES? YES

COMPLETE 4B and 4C

NO

PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

o ax bu ca on ob cp cv di et em es fr hi ho id ih kl pi px rp tb

Report items which may be of present clinical significance in this section

OD

(Specify od.)

Date Attorney Notified.

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES NO PROCEED TO SECTION 5

5. FILM READER'S INITIALS

R A H

PHYSICIAN'S SOCIAL SECURITY NUMBER *

055-26-1294

DATE OF READING

7 / 1 / 99

Complete if social security number is not furnished.

Harron, Ray A., M.D.
901 West Main Street, Bridgeport, WV 26330

ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.F
PULMONARY MEDICINE
OCCUPATIONAL LUNG DISEASE



438 W. ST. JAMES PLACE
CHICAGO, IL 60614

PHONE: 1-773-472-2810
FAX: 1-773-472-2809
PAGE: 1-888-691-8521

March 5, 2001

Kelley & Ferraro
Attention: Michael V. Kelley, Esq.
1901 Bond Ct., 1300 E. 9th Street
Cleveland, OH 44144

Re: Patient:
SSN:
DOB: **REDACTED**

Dear Mr. Kelley:

This is a physician's report pertaining to the above-named client whom I had the pleasure of interviewing and examining on the above date.

RESPIRATORY SYMPTOMS: He has had dyspnea on exertion as well as some cough and mucus production for about 10 years.

PAST MEDICAL HISTORY: Positive for rheumatic heart disease, appendicitis, colon cancer, tonsillectomy, prostatic hypertrophy and hypercholesterolemia.

MEDICATIONS: Flomax and Zocor.

SMOKING HISTORY: He smoked less than one-half pack of cigarettes a day between the ages of 30 and 55 years old.

OCCUPATIONAL HISTORY: From 1943 until 1947 he served on numerous ships as a merchant seaman. He worked in the engine room as a fire and water tender and was exposed to significant amounts of asbestos in the engine room of various ships.

From 1947 until 1987 he worked for the Pennsylvania/Penn Central/Conrail Railroad as a brakeman and conductor. He rode on both steam and diesel engines and was in and out of the roundhouse. During these intervals he indicated significant exposure to aerosolized asbestos.

REDACTED

(continued Page 2)

ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.P.



To: Kelley & Ferraro
Re:
Page 2 REDACTED

PHYSICAL EXAMINATION: Physical examination revealed an alert and oriented male in no acute distress. Head and neck exam was unremarkable. Lungs were clear to auscultation. Cardiac exam revealed a regular rate and rhythm without murmurs. Abdomen was soft and without masses. A midline abdominal scar is noted. Extremities showed 1+ pitting edema, no clubbing or cyanosis.

CHEST X-RAY: PA chest x-ray dated 5/18/99 was read by Dr. Harron according to the 1980 ILO Classification and showed an ILO score of s/s 1/0 bilaterally with no pleural changes.

SPIROMETRY: Spirometry dated 3/5/01 met ATS guidelines and was normal. FVC was 4.36 L or 99% of predicted. FEV₁/FVC ratio was 73%.

IMPRESSION:

- 1) On the basis of the medical history review, which is inclusive of a significant exposure to asbestos dust, the physical examination and chest radiograph, the diagnosis of bilateral asbestosis is established within a reasonable degree of medical certainty.
- 2) History of colon cancer which is an asbestos-related malignancy.
- 3) Lower extremity edema for which medical follow-up is indicated.

RECOMMENDATIONS:

- 1) He is at increased risk for the development of lung cancer, mesothelioma and other non-pulmonary malignancies associated with asbestos exposure.
- 2) He should be advised to have yearly chest x-rays, pulmonary function screening and screening for gastrointestinal malignancy.
- 3) He should be advised that chest x-rays and pulmonary function may deteriorate in the absence of further asbestos exposure.
- 4) He should be advised to refrain from the use of all tobacco-containing products.

This report serves only to establish the presence of possible asbestos-related conditions and does not establish a doctor-patient relationship.

I hope that the above information is useful to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Alvin J. Schonfeld, D.O.", is written over a stylized, decorative flourish.

Alvin J. Schonfeld, D.O., FCCP, FAADEP



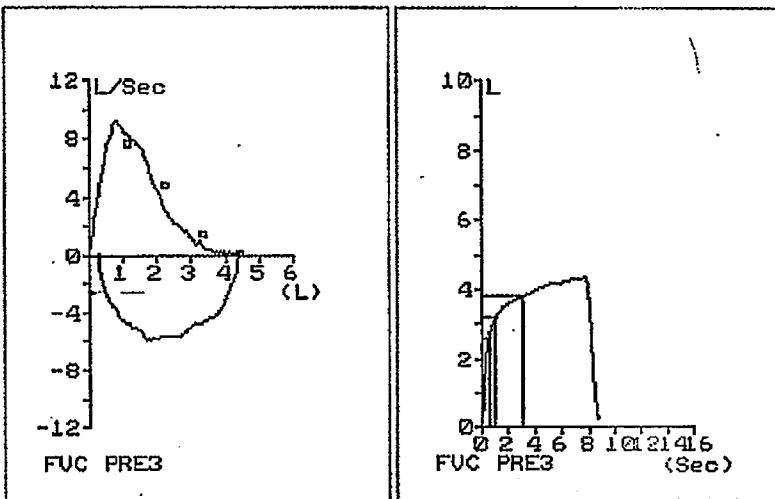
WR GRACE PIQ 021524-0029

ALVIN J. SCHONFELD D.O., F.C.C.P.
 438 WEST ST. JAMES PLACE
 CHICAGO, IL 60614

REDACTED

PT: HT: 70.0 in DATE: 03/05/2001
 PT#: AGE: 76 SEX: M WT: 185.0 lb TIME: 14:01:49
 PRED-COLLINS3 BP: 760 TEMP: 24.0 RACE: C TECH: BS RRT

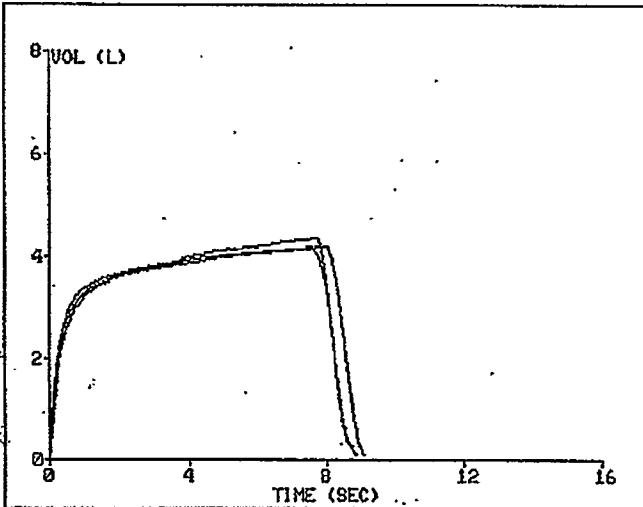
Spirometry	Predicted	Actual	Pre-Drug*	%Pred
FVC (L)	4.39	4.36	4.36	99
FEV1 (L)	3.32	3.20	3.20	96
FEV1/FVC (%)	76	73	73	97
PEF25-75% (L/S)	2.87	2.10	2.10	73
PEFmax (L/S)		9.11		
TET (Sec)		7.72		



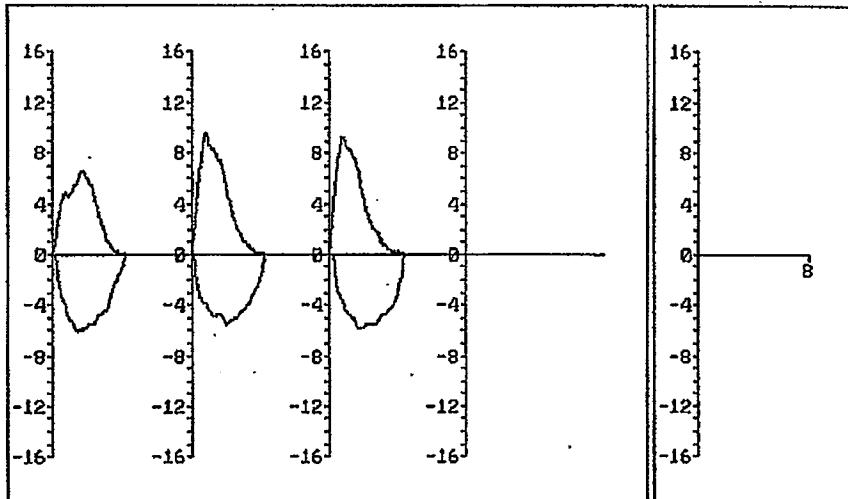
THIS TEST MEETS ATS STANDARDS

REDACTEDPt. Name:
Pre-DrugDate: 03/05/2001
Set #: 0

WR GRACE PIQ 021524-0030



Effort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.39	3.32	75	2.87	
1	4.17	3.36	80	3.49	6.35
2	4.20	3.28	78	2.69	9.41
3 BEST	4.36	3.20	73	2.10	9.11

REDACTEDPt. Name:
Pre-DrugDate: 03/05/2001
Set #: 0

Effort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.39	3.32	75	2.87	
1	4.17	3.36	80	3.49	6.35
2	4.20	3.28	78	2.69	9.41
3 BEST	4.36	3.20	73	2.10	9.11

REDACTED

ID NO.: 164204374
AGE : 74 years
SEX : MALE,
RACE : CAUCASIAN
HEIGHT: 79 in.
WEIGHT: 175 lbs.

TECH. : 1664
Date : 05/18/99
Time : 18:50
Ambient Conditions: 760 mm Hg at 22.0 C
BTPS Corr. Factor : 1.092
Selected Normals : COMPOSITE

DOCTOR: _____

TEST NO. 01 FVC 05/18/99 10:51

INDEX	UNT	MEAS	PRED	ZPRED	ZVAR
FVC	L	3.98	4.02	99	N/A
FEV 1	L	3.12	3.15	99	N/A
FEV1/FVC	%	78.4	78.9	99	N/A
PEF25-75	L/S	2.9	3.1	94	N/A
PEF	L/S	6.3	7.9	88	N/A

FORCED EXPIRATORY TIME: 7.0 SEC

TEST NO. 82 FUC 05/18/99 10:51
 INDEX UNT MEAS PRED ZPRED ZVAR
 FUC " L 3.94 4.02 98 1.0
 FEV1 L 3.12 3.15 99 .0
 FEV1/FVC % 79.2 78.9 100 1.0
 FEF25-75 L/S 2.9 3.1 94 .6
 PEF L/S 8.3 7.9 105 31.7

FORCED EXPIRATORY TIME: 7.5 SEC

~~CONTINUATION~~ ~~CONTINUATION~~ ~~CONTINUATION~~

SMI III SUMMARY REPORTS

TEST TEST SUMMARY TESTS 81-04 05/13/99

INDEX	NO	MEAS	PRED	%PRED	ZVAR
FUC	81	3.98	4.82	99	1.0
FEU 1	83	3.16	3.15	100	1.3
EEV1/FUC%	--	79.4	78.9	101	.3
FEF25-75	81	2.9	3.1	94	.6
	81	6.3	7.9	80	31.1

ECHOCARDIOTIC RESULTS APPEAR NORMAL



FR : KELLY & FERRARO
KATE FITZGERALD
127 PUBLIC SQUARE
2200 KEY TOWER
CLEVELAND OH 44114

Airborne
Express

WEIGHT(LBS)

67

TO : JUST CONSULTING INC.
CLAIMS PROCESSING AGENT
201 SYNDALE AVENUE
re: wr GRACE & CO. BANKRUPTCY
FARIBAULT MN
ATTN: JUST CONSULTING INC.
PKG:46407659664

PIECES

1

ZIPCODE
55021

ORIGIN
CLE

SHIPMENT NO.
46407659664

SHIP DATE
07/11/2006

ADDITIONAL INFORMATION

SERVICE
EXP

SPECIAL HANDLING SERVICES

MNAQ OA



46407659664

**W. R. Grace
Asbestos Personal Injury
Questionnaire**



REC'D JUL 12 2006

10315607104815

REDACTED

RE: :
Kelley & Ferraro L L P
1901 Penton Media Building
1300 East Ninth Street
Cleveland OH 44114



000378104815



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WR GRACE PIQ S1998-000S

**W. R. Grace
Asbestos Personal Injury
Questionnaire**



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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered
)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDALE AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



INSTRUCTIONS

A. GENERAL

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related person/wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

**D. PART III - Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If you worked at multiple sites, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |

**E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

**PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL****a. GENERAL INFORMATION**

1. Name of Claimant:
 First _____ MI _____ Last _____
2. Gender: Male Female
3. Race (for purposes of evaluating Pulmonary Function Test results): White/Caucasian
 African American
 Other
- REDACTED**
4. Last Four Digits of Social Security Number: _____
5. Birth Date: _____
6. Mailing Address:
 Address _____ City _____ State/Province _____ Zip/Postal Code _____
7. Daytime Telephone Number: (_____) _____ - _____

b. LAWYER'S NAME AND FIRM

1. Name of Lawyer: Thomas M. Wilson, Esq.
2. Name of Law Firm With Which Lawyer is Affiliated: Kelley & Ferraro LLP
3. Mailing Address of Firm: 1300 E. 9th Street, Suite 1901 Cleveland, OH 44114
 Address _____ City _____ State/Province _____ Zip/Postal Code _____
4. Law Firm's Telephone Number or Lawyer's Direct Line: (216) 575 - 0777

Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

c. CAUSE OF DEATH (IF APPLICABLE)

1. Is the injured person living or deceased? Living Deceased
 If deceased, date of death: _____ / _____ / _____
2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:
 Primary Cause of Death (as stated in the Death Certificate): If deceased, see attached death certificate
 Contributing Cause of Death (as stated in the Death Certificate): _____

PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

- | | |
|---|---|
| <input type="checkbox"/> Asbestos-Related Lung Cancer | <input type="checkbox"/> Mesothelioma |
| <input checked="" type="checkbox"/> Asbestosis | <input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma) |
| <input type="checkbox"/> Other Asbestos Disease | <input type="checkbox"/> Clinically Severe Asbestosis |

a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- diagnosis from a pathologist certified by the American Board of Pathology
 - diagnosis from a second pathologist certified by the American Board of Pathology
 - diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- other (please specify): Objection: See attached medical information

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- b. Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer

X other (please specify): Objection: See attached medical information

c. Other Cancer:

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- colon pharyngeal esophageal laryngeal stomach cancer
- other, please specify: _____

- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer

X other (please specify): Objection: See attached medical information

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): Objection: See attached medical information

e. Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): Objection: See attached medical information

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):
- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - diagnosis determined by pathology
 - a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - a chest x-ray reading other than those described above
 - a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV₁/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
 - a pulmonary function test other than that discussed above
 - a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
 - a CT Scan or similar testing
 - a diagnosis other than those above
- other (please specify): Objection: See attached medical information

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**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)****2. Information Regarding Diagnosis**

Date of Diagnosis: 3/17/1996

Diagnosing Doctor's Name: See attached medical informationDiagnosing Doctor's Specialty: See attached medical informationDiagnosing Doctor's Mailing Address: See attached medical information
Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Diagnosing Doctor's Daytime Telephone Number: See attached medical information

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Objection: contains terms not defined nor understood Yes NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Objection: relevance Yes No*If yes, please indicate who paid for the services performed:* Objection: relevanceDid you retain counsel in order to receive any of the services performed by the
diagnosing doctor? Objection: relevance Yes NoWas the diagnosing doctor referred to you by counsel? Objection: relevance Yes NoAre you aware of any relationship between the diagnosing doctor and your
legal counsel? Objection: relevance Yes No*If yes, please explain:* _____Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine
at the time of the diagnosis? See attached medical information Yes NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the
diagnosis? See attached medical information Yes NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to
diagnosis? See attached medical information Yes NoDid the diagnosing doctor perform a physical examination? See attached medical information Yes NoDo you currently use tobacco products? Objection: relevance Yes NoHave you ever used tobacco products? Yes No*If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco
products and the dates and frequency with which such products were used: Objection: relevance* Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____ Cigars Cigars Per Day _____ Start Year _____ End Year _____ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____

Amount Per Day _____ Start Year _____ End Year _____

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? See attached medical
Information Yes No*If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:***3. Information Regarding Chest X-Ray**

Please check the box next to the applicable location where your chest x-ray was taken (check one):

 Mobile laboratory Job site Union Hall Doctor office Hospital Other: Objection: relevanceAddress where chest x-ray taken: Objection: relevance
Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**4. Information Regarding Chest X-Ray Reading See attached medical information**

Date of Reading: ____ / ____ / ____ ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number:(_____)_____ - _____

Reader's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:Was the reader paid for the services that he/she performed Objection: relevance Yes No*If yes, please indicate who paid for the services performed: Objection: relevance*

Did you retain counsel in order to receive any of the services performed

by the reader? Objection: relevance Yes NoWas the reader referred to you by counsel? Objection: relevance Yes NoAre you aware of any relationship between the reader and your legal counsel? Objection: relevance Yes No*If yes, please explain: _____*

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

..... Yes No*If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____***5. Information Regarding Pulmonary Function Test: See attached medical information Date of Test: ____ / ____ / ____**List your height in feet and inches when test given: See attached medical information ft _____ inches _____List your weight in pounds when test given: See attached medical information lbs _____Total Lung Capacity (TLC): See attached medical information % of predicted _____Forced Vital Capacity (FVC): See attached medical information % of predicted _____FEV1/FVC Ratio: See attached medical information % of predicted _____Name of Doctor Performing Test (if applicable): See attached medical informationDoctor's Specialty: See attached medical informationName of Clinician Performing Test (if applicable): See attached medical informationTesting Doctor or Clinician's Mailing Address: See attached medical information
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: See attached medical information _____Name of Doctor Interpreting Test: See attached medical information _____Doctor's Specialty: See attached medical information _____Interpreting Doctor's Mailing Address: See attached medical information
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: See attached medical information _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

With respect to your relationship to the doctor or clinician who performed the pulmonary function test, check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance Yes No

Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance Yes No

If yes, please indicate who paid for the services performed: Objection: relevance _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Objection: relevance Yes No

Was the testing doctor or clinician referred to you by counsel? Objection: relevance Yes No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Objection: relevance Yes No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? See attached medical information Yes No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Objection: relevance Yes No

Was the doctor paid for the services that he/she performed? Objection: relevance Yes No

If yes, please indicate who paid for the services performed: Objection: relevance _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance Yes No

Was the doctor referred to you by counsel? Objection: relevance Yes No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance Yes No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? Yes No
See attached medical information

6. Information Regarding Pathology Reports:

Date of Pathology Report: See attached medical information / / /

Findings: See attached medical information

Name of Doctor Issuing Report: See attached medical information

Doctor's Specialty: See attached medical information

Doctor's Mailing Address: See attached medical information
Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Doctor's Daytime Telephone Number: See attached medical information () _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Objection: relevance Yes No

Was the doctor paid for the services that he/she performed? Objection: relevance Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance Yes No

Was the doctor referred to you by counsel? Objection: relevance Yes No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance Yes No



WR GRACE PIQ 31998-0016

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

See attached medical information Yes No

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

See attached medical information Yes No

If yes, please complete the following:

Name of Treating Doctor: See attached medical information _____

Treating Doctor's Specialty: See attached medical information _____

Treating Doctor's Mailing Address: See attached medical information _____
Address _____

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Treating Doctor's Daytime Telephone number: See attached medical information _____

Was the doctor paid for the services that he/she performed? See attached medical information Yes No

If yes, please indicate who paid for the services performed: See attached medical information _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the 'Nature of Exposure' column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify: _____

Site of Exposure:

Site Name: See Exhibit A

Site Type: Residence Business Site Owner: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Job 1 Description:	See Exhibit A	Basis for Identification of Each Grace Product	Date and Frequency of Exposure (month and year)	Occupation Code / Code 19	Industry Code / Code 19	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? / Was exposure due to regular proximity to such areas?	Nature of Exposure
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							

WR GRACE PIQ 31996-0018

(D00506471)

**PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: Male Female

Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____

3. What is your Relationship to Other Injured Person: Spouse Child Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
-

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: ____ / ____ / ____ To: ____ / ____ / ____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
-

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____ / ____ / ____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:
-

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: ____ / ____ / ____ To: ____ / ____ / ____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:
-

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PART V: EXPOSURE TO NON-GRACE ASBESTOS CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Objection: Burdensome/Public Record

Party Against which Lawsuit or Claim was Filed: See attached Complaint cover sheet	
---	--

Site of Exposure 1	Job 1 Description:	Dates and Frequency of Exposure (hours/day)	Occupation Code	Industry Code	Was exposure due to working in or around asbestos? Yes/No	Nature of Exposure A. Installed, mixed, removed or cut B. Mixed, removed or cut by others C. Installed, mixed, removed or cut by others D. Worked in space where products were being installed, mixed, removed or cut by others E. Worked in space where products were being installed, mixed, removed or cut by others F. Other	
						Job 2 Description:	Job 3 Description:
Site Name: <u>Objection: Burdonsome; Public Documents</u>							
Address: _____							
City and State: _____							
Site Owner: _____							
Site Name: _____	Job 1 Description:						
Address: _____							
City and State: _____							
Site Owner: _____							
Site Name: _____	Job 1 Description:						
Address: _____							
City and State: _____							
Site Owner: _____							
Site Name: _____	Job 1 Description:						
Address: _____							
City and State: _____							
Site Owner: _____							



1D865064711

**PART VI: EMPLOYMENT HISTORY**

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: See Exhibit A

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
-------------	-----------------------	------------------------

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
-------------	-----------------------	------------------------

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
-------------	-----------------------	------------------------

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ **End of Employment:** ____ / ____ / ____

Location: _____

Address

City	State/Province	Zip/Postal Code
-------------	-----------------------	------------------------

**PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA**

WR GRACE PIQ S1988-0022

a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? Yes No

If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: See Complaint cover sheet

Case Number: _____ File Date: ____ / ____ / ____

Court Name: Cuyahoga County Court of Common Pleas

3. Was Grace a defendant in the lawsuit? Objection: Burdensome/Public Document Yes No

4. Was the lawsuit dismissed against any defendant? Objection: See docket and pleadings in case which are public records.

Yes No

If yes, please provide the basis for dismissal of the lawsuit against each defendant:

Objection: burdensome. Please see docket and pleadings filed in the case which are public records

5. Has a judgment or verdict been entered? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 Yes No

If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 Yes No

If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

a. Settlement amount for each defendant: _____

b. Applicable defendants: _____

c. Disease or condition alleged: _____

d. Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? Objection: Public Document. See attached docket and pleading Yes No

If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? Yes No

If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

2. Date the claim was submitted: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

3. Person or entity against whom the claim was submitted:

Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

4. Description of claim: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

5. Was claim settled? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 Yes No

6. Please indicate settlement amount: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

\$ _____

7. Was the claim dismissed or otherwise disallowed or not honored? Objection: relevance Yes No

If yes, provide the basis for dismissal of the claim: _____

**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**Name of Dependent or Related Person: Objection: relevance; See Complaint Cover Sheet.. Gender: Male Female

Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____

Financially Dependent: Yes NoRelationship to Injured Party: Spouse Child Other If other, please specify _____Mailing Address:
Address

City _____ State/Province _____ Zip/Postal Code _____

Daytime Telephone number: (_____) _____ - _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies: See attached medical information

- Medical records and/or report containing a diagnosis
- Lung function test results
- Lung function test interpretations
- Pathology reports
- Supporting documentation of exposure to Grace asbestos-containing products
- Supporting documentation of other asbestos exposure

- X-rays
- X-ray reports/interpretations
- CT scans
- CT scan reports/interpretations
- Depositions from lawsuits indicated in Part VII of this Questionnaire
- Death Certification

Originals:

- Medical records and/or report containing a diagnosis
- Lung function test results
- Lung function test interpretations
- Pathology reports
- Supporting documentation of exposure to Grace asbestos-containing products

- Supporting documentation of other asbestos exposure
- X-rays
- X-ray reports/interpretations
- CT scans
- CT scan reports/interpretations
- Death Certification

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

TO BE COMPLETED BY THE INJURED PERSON.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: Thomas M. Wilson, Esq. Date: 2/03/2006

Please Print Name: Thomas M. Wilson, Esq. as POA

TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: Thomas M. Wilson, Esq. Date: 2/03/2006

Please Print Name: Thomas M. Wilson, Esq.



WR GRACE PIQ 31988-0024

Exhibit "A"

Name: **REDACTED**

REDACTED

S.S#: _____

418405

Case Summary



**Gerald E. Fuerst, Clerk of Courts
Court of Common Pleas - Cuyahoga County, Ohio**

**Case Summary Listing**

[Docket](#) [Case Parties](#) [Costs](#) [Service](#) [All](#) [New Search](#)

[Main Menu](#)

Case Number:

REDACTED

Case Title:

Case Designation: ASBESTOS TORT-PRODUCT LIAB

Filing Date: 12/19/2000

Judge: RICHARD-ASBEST MCMONAGLE

Magistrate: N/A

Room: N/A

Next Action: N/A

File Location: PEND.FILE

Last Status: ACTIVE

Last Status Date: 3/1/2002

Last Disposition: NEWLY FILED

Last Disposition Date: 12/19/2000

Prayer Amount: \$ 25000.00

CMSW504

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Information on this Web site is updated every 30 minutes. Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.

For questions/comments please contact cpdock@cuyahogacounty.us



RAY HARRON, M.D.
DIPLOMATE AMERICAN BOARD OF RADIOLOGY
 DIPLOMATE AMERICAN BOARD OF NUCLEAR MEDICINE

P. O. BOX 400
 BRIDGEPORT, WV 26330

NAME **REDACTED**

ADDRESS _____

CITY & STATE _____

UNIT NO.	PHYSICIAN	AGE	PHONE NUMBER	BIRTHDATE	DATE
----------	-----------	-----	--------------	-----------	------

RESPONSIBLE PARTY	S.S. #	INSURANCE CO.	POLICY NO.		
-------------------	--------	---------------	------------	--	--

ADDRESS	STREET-ROUTE-BOX	TOWN-CITY-STATE	ZIP	CONTRACT OF	
---------	------------------	-----------------	-----	-------------	--

PATIENT HISTORY					
-----------------	--	--	--	--	--

EXAMINATION					
-------------	--	--	--	--	--

CHEST DATED 10/6/99: There are primary s, secondary s sized opacities involving six lung zones, profusion 1/0. Rule out cancer right midzone and right upper zone.

IMPRESSION:

1. Bilateral interstitial fibrosis consistent with asbestosis.
2. Rule out cancer on the right, see the doctor.

Ray A. Harron, M.D.
 Diplomate of the American
 Board of Radiology

RAH/kc



ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.
PULMONARY MEDICINE
OCCUPATIONAL LUNG DISEASE

438 W. ST. JAMES PLACE
CHICAGO, IL 60614-2750

PHONE: 1-773-472-2810
FAX: 1-773-472-2809
PAGE: 1-888-691-8521

August 1, 2002

KELLEY/MIDDLEBURG HEIGHTS

Re: Patient: **REDACTED**
SSN:
DOB:

PAST MEDICAL HISTORY: He has had dyspnea on exertion, cough and mucus production for about three years. He has a history of hypertension.

MEDICATIONS: One antihypertensive. He does not recall its name.

SMOKING HISTORY: Three cigarettes per day, ages 18 to 28 years old.

OCCUPATIONAL HISTORY: Between 1953 and 1993 he worked at Chrysler Corporation as a spot welder. He worked around asbestos products which included asbestos curtains, pipe covering, insulation and gloves.

PHYSICAL EXAMINATION: Physical examination revealed an alert and oriented male in no acute distress. Head and neck exam was unremarkable. Lungs were clear to auscultation. Cardiac exam revealed a regular rate and rhythm without murmurs. Abdomen was soft and without masses. Extremities showed no clubbing, cyanosis or edema.

CHEST X-RAY: Chest x-ray 10/6/99 read by Dr. Harron had an ILO score of S/S, 1/0 bilaterally with no pleural changes.

SPIROMETRY: Spirometry 8/1/02 met ATS Guidelines and was normal.

(Continued Page 2)

DIPLOMATE - AMERICAN BOARDS OF INTERNAL MEDICINE AND PULMONARY DISEASE
NIOSH B READER
CERTIFIED, AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS



ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.P.

To: KELLEY/MIDDLEBURG HEIGHTS
Re:
Page 2 REDACTED

IMPRESSION:

- 1) On the basis of the patient's significant occupational exposure to asbestos dust and chest radiograph, the diagnosis of bilateral asbestosis is established within a reasonable degree of medical certainty. This diagnosis is causally related to his workplace exposure at Chrysler Corporation.

RECOMMENDATIONS:

- 1) He is at increased risk for the development of lung cancer, mesothelioma and other non-pulmonary malignancies associated with asbestos exposure.
- 2) He should be advised to have yearly chest x-rays, pulmonary function screening and screening for gastrointestinal malignancy.
- 3) He should be advised that chest x-rays and pulmonary function may deteriorate in the absence of further asbestos exposure.
- 4) He should be advised to refrain from the use of all tobacco-containing products.

Thank you for asking me to review this case.

Sincerely,

Alvin J. Schonfeld, D.O., FCCP, FAADEP

AJS:hss/mh



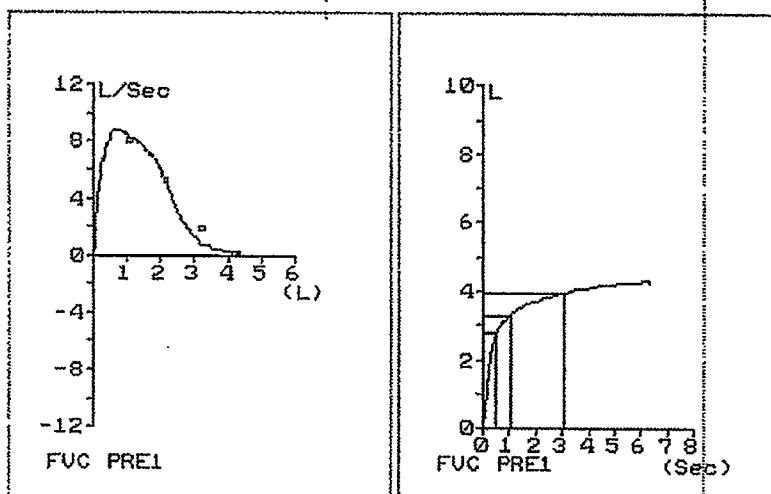
REDACTED

DR. ALVIN J. SCHONFELD
438 WEST ST. JAMES PLACE
CHICAGO, IL 60614

PT: HT: 73.0 in DATE: 08/01/2002
PT#: 429602625 AGE: 69 SEX: M WT: 165.0 lb TIME: 08:15:03
PRED-COLLINS3 BP: 760 TEMP: 24.0 RACE: B TECH: WCS RRT

----- Predicted Values Have Been Race Corrected -----

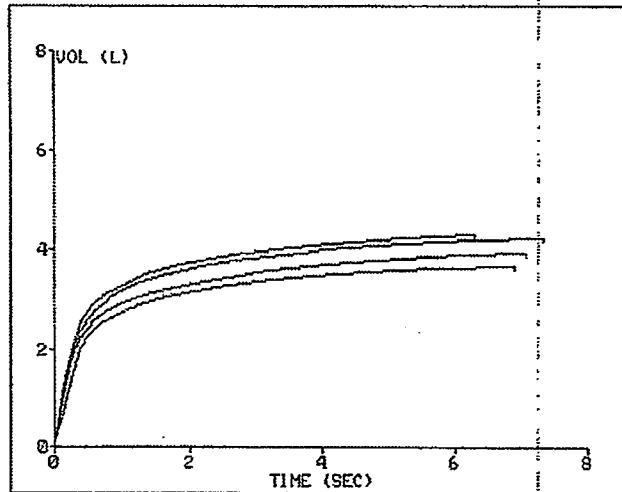
Spirometry		Predicted	Actual	Pre-Drug* %Pred
FVC	(L)	4.25	4.28	101
FEV1	(L)	3.23	3.24	100
FEV1/FVC	(%)	76	76	100
FEF25-75%	(L/S)	3.29	2.61	79
FEFmax	(L/S)		8.73	
TET	(SEC)		6.74	



THIS TEST
Meets AT
Standards

REDACTEDPt. Name:
Pre-Drug

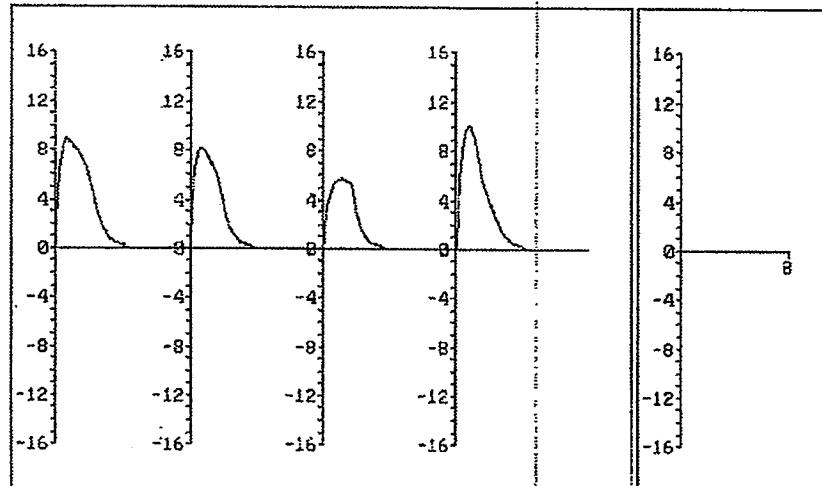
Pt. ID:

Date: 08/01/2002
Set #: 0

EFFort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.25	3.23	75	3.29	
1 BEST	4.28	3.24	75	2.61	8.73
4	>3.88	>2.86	73	2.03	8.05
5	>3.63	>2.70	74	2.08	5.52
6	4.18	3.11	74	2.27	9.93

Pt. Name:
Pre-Drug

Pt. ID:

Date: 08/01/2002
Set #: 0

EFFort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.25	3.23	75	3.29	
1 BEST	4.28	3.24	75	2.61	8.73
4	>3.88	>2.86	73	2.03	8.05
5	>3.63	>2.70	74	2.08	5.52
6	4.18	3.11	74	2.27	9.93

REDACTED

TYPE OF READING



WORKER'S Social Security Number:

 A B C

1A. DATE OF X-RAY <u>10-6-99</u>	1B. FILM QUALITY <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	If Not Grade 1 Give Reason: 	1C. IS FILM COMPLETELY NEGATIVE? <input type="checkbox"/> YES Proceed to Section 5 <input checked="" type="checkbox"/> NO Proceed to Section 2
-------------------------------------	---	--	---

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/>	COMPLETE 2B and 2C	PROCEED TO SECTION 3
---	-----------------------	----------------------

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY <table border="1"><tr><td>P</td><td>X</td></tr><tr><td>Q</td><td>t</td></tr><tr><td>r</td><td>u</td></tr></table> SECONDARY <table border="1"><tr><td>P</td><td>X</td></tr><tr><td>Q</td><td>t</td></tr><tr><td>r</td><td>u</td></tr></table>	P	X	Q	t	r	u	P	X	Q	t	r	u	b. ZONES <table border="1"><tr><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td></tr><tr><td>o</td><td>X</td></tr></table>	X	X	X	X	o	X	c. PROFUSION <table border="1"><tr><td>0/</td><td>0/0</td><td>0/1</td></tr><tr><td>1/0</td><td>1/1</td><td>1/2</td></tr><tr><td>2/1</td><td>2/2</td><td>2/3</td></tr><tr><td>3/2</td><td>3/3</td><td>3/4</td></tr></table>	0/	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/4	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
P	X																																
Q	t																																
r	u																																
P	X																																
Q	t																																
r	u																																
X	X																																
X	X																																
o	X																																
0/	0/0	0/1																															
1/0	1/1	1/2																															
2/1	2/2	2/3																															
3/2	3/3	3/4																															
			PROCEED TO SECTION 3																														

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/>	COMPLETE 3B, 3C and 3D	PROCEED TO SECTION 4
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3B. PLEURAL THICKENING a. CIRCUMSCRIBED (plaque) a. DIAPHRAGM SITE <table border="1"><tr><td>OR</td></tr></table> IN PROFILE <table border="1"><tr><td>OL</td></tr></table> SITE <table border="1"><tr><td>O</td><td>R</td><td>L</td></tr></table> i.WIDTH <table border="1"><tr><td>O A B C</td></tr></table> b. COSTOPHRENIC ANGLE SITE <table border="1"><tr><td>OR</td><td>L</td></tr></table> ii.EXTENT <table border="1"><tr><td>O 1 2 3</td></tr></table> FACE ON <table border="1"><tr><td>O 1 2 3</td></tr></table> iii.EXTENT <table border="1"><tr><td>O 1 2 3</td></tr></table>	OR	OL	O	R	L	O A B C	OR	L	O 1 2 3	O 1 2 3	O 1 2 3	b. DIFFUSE SITE <table border="1"><tr><td>OR</td></tr></table> IN PROFILE <table border="1"><tr><td>OL</td></tr></table> i.WIDTH <table border="1"><tr><td>O A B C</td></tr></table> ii.EXTENT <table border="1"><tr><td>O 1 2 3</td></tr></table> FACE ON <table border="1"><tr><td>O 1 2 3</td></tr></table> iii.EXTENT <table border="1"><tr><td>O 1 2 3</td></tr></table>	OR	OL	O A B C	O 1 2 3	O 1 2 3	O 1 2 3
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3D. PLEURAL CALCIFICATION a. DIAPHRAGM..... SITE <table border="1"><tr><td>OR</td></tr></table> EXTENT <table border="1"><tr><td>O 1 2 3</td></tr></table> b. WALL..... SITE <table border="1"><tr><td>OL</td></tr></table> EXTENT <table border="1"><tr><td>O 1 2 3</td></tr></table> c. OTHER SITES..... SITE <table border="1"><tr><td>OL</td></tr></table> EXTENT <table border="1"><tr><td>O 1 2 3</td></tr></table>	OR	O 1 2 3	OL	O 1 2 3	OL	O 1 2 3	PROCEED TO SECTION 4
OR							
O 1 2 3							
OL							
O 1 2 3							
OL							
O 1 2 3							

4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/>	COMPLETE 4B and 4C	NO <input type="checkbox"/>	PROCEED TO SECTION 5
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4B. OTHER SYMBOLS (OBLIGATORY)	<input type="checkbox"/> ax <input type="checkbox"/> bu <input checked="" type="checkbox"/> cn <input type="checkbox"/> cp <input type="checkbox"/> op <input type="checkbox"/> cv <input type="checkbox"/> di <input type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input type="checkbox"/> fr <input type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> xp <input type="checkbox"/> tb	Date Attorney Notified.
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Report items which may be of present clinical significance in this section <input type="checkbox"/> OD (Specify od.) <i>RD G. L. M. Z., R. U. Z.</i>	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0
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4C. OTHER COMMENTS			
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SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PROCEED TO SECTION 5
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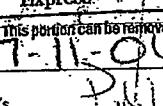
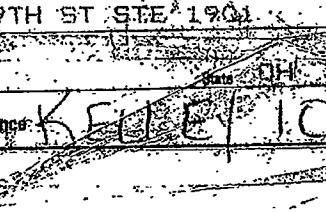
5. FILM READER'S INITIALS <table border="1"><tr><td>R</td><td>A</td><td>H</td></tr></table>	R	A	H	PHYSICIAN'S SOCIAL SECURITY NUMBER * <i>Ray A. Harron</i> 055-26-1294	DATE OF READING <table border="1"><tr><td>3</td></tr></table> <table border="1"><tr><td>2-7</td></tr></table> <table border="1"><tr><td>0-0</td></tr></table>	3	2-7	0-0
R	A	H						
3								
2-7								
0-0								

Complete if social security number is not furnished:

Harron, Ray A., M.D.
901 West Main Street, Bridgeport, WV 26330



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From: This portion can be removed for recipient records. Date: 7-15-00 FedEx Tracking Number: 441209374553		Pickups Up to 150 lbs. <small>Delivery commitment may be later than some areas.</small> <input type="checkbox"/> FedEx Priority Overnight <small>Next business morning</small> <input checked="" type="checkbox"/> FedEx Standard Overnight <small>Next business afternoon</small> <input type="checkbox"/> FedEx First Overnight <small>Earliest next business morning delivery to select locations</small> <input type="checkbox"/> FedEx 2 Day <small>Second business day</small> <small>FedEx Envelope rate not available. Minimum charge: One-pound rate</small> <input type="checkbox"/> FedEx Express Saver <small>Third business day</small> 4a Express Package Service <input type="checkbox"/> FedEx 1 Day Freight* <small>Next business day</small> <input type="checkbox"/> FedEx 2 Day Freight <small>Second business day</small> <small>* Call for confirmation</small> 4b Express Freight Service <input type="checkbox"/> FedEx 3 Day Freight <small>Third business day</small> <small>Delivery commitment may be later than some areas.</small>	
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